## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼				
National Nuises Officed for Fatient Flotection	C C00490375				
	M = M / D = D / Y = Y = Y				
Check if 24-hour report 48-hour report New report Amends report filed	on				
Full Name of Payee Pacific News Service dba New America Media	Date of Public Distribution/Dissemination  O5 24 2016				
Mailing Address 209 9th St					
Suite 200	Amount				
City State Zip Code	90599.48				
San Francisco CA 94103	Transaction ID : D734829 Date of Disbursement or Obligation				
Purpose of Expenditure Ad  Category/ Type	05 11 2016				
Name of Federal Candidate Support Office	e Sought: House District:00				
Bernie Sanders Oppose	President Senate State: CA				
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	ursement For:				
Full Name of Payee	Date of Public Distribution/Dissemination				
UPTE UCLA	05 24 2016				
Mailing Address 1015 Gayley Ave	Amount				
Suite 301	Allount				
City State Zip Code	150.00				
Los Angeles CA 91506	Transaction ID: D735531  Date of Disbursement or Obligation				
Purpose of Expenditure Site Rental  Category/ Type	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Support Office	e Sought: House District: 00				
Bernie Sanders Oppose	President Senate State: CA				
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	orsement For:				
(a) SUBTOTAL of Itemized Independent Expenditures	90749.48				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	5 25 2016				
Signature					

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	VI EXI END	TIONES		PAGE 2 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)  National Nurses United for Patient P	rotection			FEC IDENTIFICATION NUMBER ▼
National Nuises Office for Fatient F	lotection			C C00490375
Check if 24-hour report 48-hour report	New rep	port Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee National Nurses United				of Public Distribution/Dissemination
Mailing Address 155 Grand Avenue			Amou	05 20 2016 nt
City	State	Zip Code		411.75
Oakland	CA	94612		action ID : D735528 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		05 24 2016
Name of Federal Candidate		Support	Office Sough	t: House District:00
Bernie Sanders		Oppose	X Preside	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	91431.23	Disbursemen 2016 O	t For:
Full Name of Payee National Nurses United				of Public Distribution/Dissemination  05 21 2016
Mailing Address 155 Grand Avenue			Amou	
City	State	Zip Code	— I.	40.50
Oakland	CA	94612		ction ID : D735529 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	N	05 / 24 / Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sough	t: House District:00
Bernie Sanders		Oppose	X Preside	ent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7	91431.23	Disbursemen 2016	t For:
(a) SUBTOTAL of Itemized Independent Expenditu	res		•	452.25
(b) SUBTOTAL of Unitemized Independent Expendent	litures			7 7 7
				4-14-14-14-14-14-14-14-14-14-14-14-14-14
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Martha Kuhl Signature	[Electron	nically Filed] Date	9 05	25 2016
oignature				

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

		FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼		
National Nurses Office for Fatient Frotection		C C00490375		
Check if 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y		
Full Name of Payee National Nurses United	Da	te of Public Distribution/Dissemination		
		05 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 155 Grand Avenue	Am	ount		
City State Z	ip Code	229.50		
Oakland CA 9		Transaction ID : D735530  Date of Disbursement or Obligation		
Purpose of Expenditure Payroll	Category/ Type	05		
Name of Federal Candidate	Support Office Sou	ught: House District:00		
Bernie Sanders	Oppose Pres	sident Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought	91431.23 Disbursem 2016	nent For:		
Full Name of Payee	Da	te of Public Distribution/Dissemination		
Mailing Address	An	nount		
City State Z	ip Code			
Purpose of Expenditure	Category/ Type	te of Disbursement or Obligation		
Name of Federal Candidate	Support Office Sor	ught: House District:		
	Oppose Pre	sident Senate State:		
Calendar Year-To-Date Per Election for Office Sought	Disbursen	nent For: Primary General Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	······	229.50		
(b) SUBTOTAL of Unitemized Independent Expenditures	······			
(c) TOTAL Independent Expenditures	······	91431.23		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Martha Kuhl [Electronica	ally Filed] Date 05	25 2016		
Signature				

PAGE

OF

3